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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<b>Complete if Known</b>	
		Application Number	10/595,230-Conf. #5170
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 28, 2006
		First Named Inventor	Kyle J. Lindstrom
		Examiner Name	Rita J. Desai
<input type="checkbox"/> Art Unit		Art Unit	1625
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) 1,920.00	Attorney Docket No. C1271.70017US01

**METHOD OF PAYMENT** (check all that apply)

Check  
  Credit Card  
  Money Order  
  None  
  Other (please identify): \_\_\_\_\_

Deposit Account  
 Deposit Account Number: 23/2825  
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  
  Charge fee(s) indicated below, **except for the filing fee**

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
  Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

         - or HP =          x          =               **Multiple Dependent Claims**  
 HP = highest number of total claims paid for, if greater than 20.      **Fee (\$)**      **Fee Paid (\$)**

         - or HP =          x          =               **Fee Paid (\$)**  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ /50 = _____ (round up to a whole number) x _____ = _____	_____	_____

**4. OTHER FEE(S)**

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1253 Extension for response within third month		1,110.00
1801 Request for continued examination (RCE)		810.00

**SUBMITTED BY**

Signature	/C. Hunter Baker/	Registration No. (Attorney/Agent)	46,533	Telephone	617.646.8000
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.			Date	June 28, 2010

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 28, 2010      Signature: \_/Sara J. L. Douglas/ \_\_\_\_\_ (Sara J. L. Douglas)